## KENTUCKY MONITORING WELL RECORD

Please read all instructions prior to completing this form. Do not write in shaded area. The original copy of this form must be submitted within 30 days of well completion to the Kentucky Environmental and Public Protection Cabinet, Division of Water - Groundwater Branch, 14 Reilly Road, Frankfort, KY 40601. Telephone (502) 564-3410.

## (TYPE OR PRINT CLEARLY)

(1) Attach Monitoring Well Identification Number Label Here (if applicable)

(2) GENERAL IN	FORMATION:											
Facility Name Facility /		Facility Add	dress			Date Received:						
Mailing Address City		City										
CityState			Zip			(3) IDENTIFICATION NUMBER						
State Zip Owner's Ph			one ( )									
(4) WELL LOCATION:	USGS Quadrangle Name		County		Latitude <b>N</b>	e		Lor W	ngitude			
Start Date: Finish Date: Drilling Method: ( ) Auger HS ( ) Auger SS ( ) Air Rotary ( ) Mud Rotary Work Type: ( ) New Well Surface Elevation Depth to Bedrock: Wellhead: ( ) Flush Mount ( ) Stickup; inch	( ) Cable Tool ( ) E ( ) Hand Auger ( ) S ( ) Other:  ( ) Nested Well ( ) Rework : Total Depth: Static Water Level: Static Water Level: O Locking Cap ( ) No Cates above surface: Depth Internal Casing Diameter D	( ) Plug	( ) TSCA ( ) UST ( ) Other: (7) WELL U ( ) Water C ( ) Ambien ( ) Water L ( ) Remedi ( ) Other: (1)	( ) Surface M.A. ( ) Site Asses ( ) Solid Was ( ) Landfarm  ISE: (check all the Quality t Monitoring evel Monitoring	at apply) ( ) Dry ( ) Not ( ) Des	Hole Used Indoned stroyed	(9) ATTA  Required 1. Site pl 2. Well c 3. Well lo	Grass al Field Plateau CHMEN d an or sk construct cocation copograp ained by	( ) O ( ) Wu ( ) Ja ITS: Retch map tion diagr	hio Rivei . Coal Fi ackson P	eld	
(13) AFFIRMATIO	<b>DN:</b> The work described above w	as done unde	er my supervi	sion, and this repo	ort is true	and corre	ct to the b	est of m	ny knowle	edge.		
			ication Number or Rig Operator's Nu					ture of Responsible Certified Driller				
Company Mailing Address			Cit	ty		State	Zip C	ode	Date			
Normalis and a fine of the control o	had								Month, D			
Number of Attached Sheets One copy to Division of Water, one copy to Owner, one copy to Driller's Fil							•		DEP-Revised			